

Approved For Release 2009/04/02 : CIA-RDP89-00244R000500920011-9

Security Mon - Office (Signature)

Technical Equipment Data

Complete one form for each separate equipment item.

Complete this form only for the equipment rated greater than 120V.,20A or requiring special electrical/mechanical connections

Existing Room No. _____

Organizational Component
(Office/Division/Branch) OS/TSD

Equipment Description _____

Manufacturer _____

Quantity _____

Length _____

Width _____

Height _____

Weight _____

Model No. _____

Special Dimensions Required _____

See attached description of requirements.

Mounting

Ceiling Mounted _____

Bolted to Floor _____

Wall Mounted _____

Vibration Pads _____

Mechanical HVAC

Integral Fan (See rating on name plate) _____ CFM

Exhaust Connection _____ CFM

Heat Ejection _____ BTU/Hr.

Special Venting Conditions

Paint Booth Type

Canopy Hood

Dust _____

Noxious Fumes _____

Corrosive Fumes _____

Special Air Requirements

Filtered Air _____

Temperature _____ 68 °F

Relative Humidity _____ 50 %

Electrical All electrical equipment will have an identifying nameplate. Copy complete data

Volts 380 Phase 3Ø

Amps 50 Watts _____

Horsepower 10 KVA _____

Power Factor _____

 Emergency Power Critical Power (UPS) Voltage Regulation _____ or ON/OFF Switch _____ Plug Connection _____ Conduit Connection _____ Communication Connection _____

Mechanical Plumbing

Hot Water _____ GPM Temp.

Cold Water _____ GPM Temp.

Distilled Water _____ GPM Temp.

Chilled Water _____ GPM Temp.

Natural Gas _____ CFM PSI

Compressed Air _____ CFM PSI

Vacuum _____

Drain _____

Usage Describe the user patterns. (How often and how long?)

 Continuous Use _____ Hrs. Long Duration Use _____ Hrs. Short Duration Use _____ Min. Cyclical Operation _____ Duration of Cycle _____ Cycles/Hr. _____

Note:

Info provided date 4 Mar 13

Attach any additional technical data obtained from manufacturer's catalog and user manuals.

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This survey is to facilitate the design of optimum lighting systems. It is to be completed by one representative employee of each general type of space.

1. Estimate the hours that you spend on the following tasks during a typical eight hour day.

a. reading/writing	<u>3</u>
b. drafting	<u>1</u>
c. typing	<u>2</u>
d. light table viewing	<u> </u>
e. CRT screen viewing	<u>2</u>
f. microfilm reader viewing	<u> </u>
g. other	<u> </u>
	<u> </u>
	<u> </u>

2. Estimate the percentage (10% increments) of your reading/writing time that you spend on the following types of materials. Also note the color of paper used.

Material	% of Time	Color
a. pencil/lead	<u>25</u>	<u>yellow</u>
b. pen/ink	<u>20</u>	<u>yellow</u>
c. typed or printed material	<u>25</u>	<u>white</u>
d. xerox copies	<u>25</u>	<u>white</u>
e. photographs	<u> </u>	<u> </u>
f. maps	<u> </u>	<u> </u>
g. magazines/journals	<u>5</u>	<u>white</u>
h. other	<u> </u>	<u> </u>
	<u> </u>	<u> </u>
	<u> </u>	<u> </u>

Branch Designation

OS / TSD

Space Description

b. How important is it to perform the the above tasks rapidly?

1 (not critical) 10 (critical)

c. How important is it to perform the the above tasks accurately?

1 (not critical) 10 (critical)

4. Check the special lighting criteria that would apply to this space.

a. dimming of lights

b. RF shielded light fixture

c. special color rendering characteristics

d. special filters for photographic processing

e. other

5. Indicate any other pertinent information for this space that may impact the lighting design.

3. Check the appropriate answer.

a. A majority of the occupants are between the ages of:

15 - 39 yrs. old

40 - 54 yrs. old

55 - 75 yrs. old

This survey is to facilitate the design of optimum lighting systems. It is to be completed by one representative employee of each general type of space.

Branch Designation

Space Description

OS/PSD
SECURITY CONTROL CENTER
24 hr operation

1. Estimate the hours that you spend on the following tasks during a typical ~~eight hour day~~ 24 hours.

a. reading/writing	<u>50%</u>
b. drafting	<u> </u>
c. typing	<u> </u>
d. light table viewing	<u> </u>
e. CRT screen viewing	<u>50%</u>
f. microfilm reader viewing	<u> </u>
g. other	<u> </u>
	<u> </u>
	<u> </u>

2. Estimate the percentage (10% increments) of your reading/writing time that you spend on the following types of materials. Also note the color of paper used.

Material	% of Time	Color
a. pencil/lead	<u>10</u>	<u>Yellow/white</u>
b. pen/ink	<u>15</u>	<u>Yellow/white</u>
c. typed or printed material	<u>50</u>	<u>White</u>
d. xerox copies	<u>25</u>	<u>White</u>
e. photographs	<u> </u>	<u> </u>
f. maps	<u> </u>	<u> </u>
g. magazines/journals	<u> </u>	<u> </u>
h. other	<u> </u>	<u> </u>
	<u> </u>	<u> </u>
	<u> </u>	<u> </u>

3. Check the appropriate answer.

a. A majority of the occupants are between the ages of:

15 - 39 yrs. old X
40 - 54 yrs. old
55 - 75 yrs. old

b. How important is it to perform the the above tasks rapidly?

1 (not critical) 10 (critical)

c. How important is it to perform the the above tasks accurately?

1 (not critical) 10 (critical)

4. Check the special lighting criteria that would apply to this space.

a. dimming of lights
b. RF shielded light fixture
c. special color rendering characteristics X
d. special filters for photographic processing
e. other

5. Indicate any other pertinent information for this space that may impact the lighting design.

SECURITY CONTROL CENTER
 Existing Room No. SECURITY CONTROL CENTER
 Organizational Component (Office/Division/Branch) OS/PSD

Equipment Description _____

Manufacturer _____

Quantity _____

Model No. _____

Length _____

Width _____

Height _____

Weight _____

Special Dimensions Required _____

Mounting

Ceiling Mounted _____

Bolted to Floor _____

Wall Mounted _____

Vibration Pads _____

Mechanical HVAC

Integral Fan (See rating on name plate) _____ CFM

Exhaust Connection _____ CFM

Heat Ejection _____ BTU/Hr.

Electrical

All electrical equipment will have an identifying nameplate. Copy complete data

Volts 120Phase 1Amps 200

Watts _____

Horsepower _____

KVA _____

Power Factor _____

 Emergency Power Critical Power (UPS) Voltage Regulation _____ or ON/OFF Switch _____ Plug Connection _____ Conduit Connection _____ Communication Connection _____

Canopy Hood _____

Dust _____

Noxious Fumes _____

Corrosive Fumes _____

Special Air Requirements

Filtered Air _____

Temperature 68 %F

Relative Humidity 50 %

Usage

Describe the user patterns. (How often and how long?)

Continuous Use

24 Hrs.

Long Duration Use

Hrs. _____

Short Duration Use

Min. _____

Cyclical Operation

Duration of Cycle _____

Cycles/Hr. _____

Mechanical Plumbing

Hot Water _____ GPM _____ Temp. _____

Cold Water _____ GPM _____ Temp. _____

Distilled Water _____ GPM _____ Temp. _____

Chilled Water _____ GPM _____ Temp. _____

Natural Gas _____ CFM _____ PSI _____

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Vacuum _____

Drain _____

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